

Questionare of the lifestyle according to the following parameters

M0 ☐ /M3 ☐ /M6 ☐

M0 – preliminary visit **M3** – control visit after 3 months **M6** – control visit after 6 months

Initials o patient:

Year of birth:

Questions about quality of life

1. Evaluate your present status on scale 1 – 10 (1 = perfect, 10 = poor (harassing))

1	2	3	4	5	6	7	8	9	10
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[illegible]

2. Evaluate level of fatigue of the scale (1 = perfect, 10 = poor (harassing))

1 2 3 4 5 6 7 8 9 10

[illegible]

3. Evaluate your tend to increase in weight or weight loss on the scale 1 – 10 (1 = perfect, 10 = poor (harassing))

1	2	3	4	5	6	7	8	9	10
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[illegible]

4. Evaluate your cold or warm toleration on the scale 1 – 10 (1 = perfect, 10 = poor (harassing))

1 2 3 4 5 6 7 8 9 10

[illegible]

5. Evaluate your memory on the scale (1 = perfect, 10 = poor (harassing))

1 2 3 4 5 6 7 8 9 10

[illegible]

6. Evaluate your sweating on the scale (1 = perfect, 10 = poor (harassing))

1 2 3 4 5 6 7 8 9 10

[illegible]

7. Evaluate your swelling (edema) of soft tissue on the scale (1 = perfect, 10 = poor (harassing))

1 2 3 4 5 6 7 8 9 10

[illegible]

8. Evaluate status of your skin on the scale (1 = perfect, 10 = poor (harassing))

1	2	3	4	5	6	7	8	9	10
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[illegible]

9. Evaluate your "pins and needles" on the scale (1 = perfect, 10 = poor (harassing))

1 2 3 4 5 6 7 8 9 10

[illegible]

10. Evaluate your tolerance of loading on the scale (1 = perfect, 10 = poor (harassing))

1 2 3 4 5 6 7 8 9 10

[illegible]